

IN THE SUPERIOR COURT NO. 6
OF HAMILTON COUNTY

POST-JUDGMENT PAYMENT AGREEMENT

☐ by paying balance in full within _____ days or by _____, 20____.

☐ by making payments of \$_____ every _____ beginning on _____, 20____.

☐ by _____.

☐ by making checks payable to the Hamilton County Clerk and directing all payments to the offices of
 Hamilton County Clerk, One Hamilton County Square, Suite 106, Noblesville, IN 46060.

☐ by making payable to _____ and directing all payments to the offices of
 _____.

Dated: _____, 20____

Signature of Plaintiff/Attorney

Signature of Defendant

DATE ORDERED: _____, 20____

Gail Bardach, Judge
Hamilton Superior Court No. 6

____ Plaintiff(s)
 ____ Defendant(s)
 Rev. 1/07 Post-Judgment Payment Agreement

